London's Violence Reduction Clinical and Professional Network meeting

Tuesday 28 April 2020
via Microsoft Teams
9.00am - 10.00am

Draft Minutes

Members	
Idit Albert	Consultant Clinical Psychologist & PTSD Lead, South London and Maudsley Mental Health Trust / Clinical Lead for pan-London outreach and screen service
Nigel Blackwood	Reader in Forensic Psychiatry, Kings College & Consultant Forensic Psychiatrist, HMP Wandsworth
Tara Weeramanthri	Consultant Child & Adolescent Psychiatrist, South London and Maudsley Mental Health Trust
Andy Cruickshank	Director Of Nursing, East London Foundation Trust
Sherry Peck	Chief Executive, Safer London
Evan Jones	Head of CCE Development, St. Giles Trust
John Poyton	Chief Executive, Redthread
Jo Begent	Clinical Lead, UCLH Charity
Martin Griffiths (Chair)	Clinical Director for Violence Reduction, NHS London and Trauma Surgeon, Barts Health NHS Trust
Adam Woodgate	Consultant in Emergency Medicine, Barts Health NHS Trust
Michael Carver	Lead Nurse for Violence Reduction, Barts Health NHS Trust Clinical Lead for Hospital-based Violence Reduction Models – NHS London
Florence Kroll	Director for Children's Services, Royal Borough of Greenwich
Simone Thorn Heathcock	Health and Justice Public Health Specialist, PHE (London Region)
Niamh Ni Longain	Paediatric Emergency Medicine Consultant, Homerton University Hospital NHS Foundation Trust
Sinéad Dervin	Head of Health and Justice and Violence Reduction Programme Lead, NHS London
Peter Fonagy	Head of Psychology and Language Sciences, UCL; Chief Executive of the Anna Freud Centre

In attendance	
George Howard	Director of Transformation - Mental Health, Healthy London Partnership
Emily Treder	Senior Programme Manager, NHS London
Nadine Pfeifer	Programme Manager, NHS London
Alex Belsey	Project Manager, NHS London
Joseph Fraser	[deputising for Malti Varshney]

Apologies	
Dean Rex	Paediatric Surgeon, St Georges
Natalie Seymour	Clinical Psychologist, MAC-UK
Dagmar Zeuner	Director of Public Health, Merton Council
Richard Latham	Consultant Forensic Psychiatrist, South London and Maudsley Mental Health Trust
Lucy Gore	Clinical Psychologist, Project Future
Fenella Wrigley	Medical Director, London Ambulance Service
Trisha Bain	Director of Quality, London Ambulance Service
Dr Emer Sutherland	Clinical Director for Emergency Medicine, King's College
Victoria Golden	Senior Sister, Emergency Department, Whittington Health
Gayle Hann	Consultant in Emergency Medicine (Paediatrics), North Middlesex
Karim Brohi	Clinical Lead, London Major Trauma Network and Trauma Surgeon, Bart's Trust
Fiona Wisniacki	Consultant in Emergency Medicine, Hillingdon
Asif Rahman	Consultant in Adult and Paediatric Emergency Medicine, Imperial Trust
Raj Kumar	GP Principal and Clinical Lead for Mental Health & Dementia, BHR CCGs
Emma Ryan	Clinical Director of Bromley Connect & GP Senior Partner at Southview Partnership

Arundeep Hansi	GP Partner, Enfield CCG
Geeta Subramaniam-Mooney	Children and Young People's Commissioner, Newham
Ann Graham	Director for Children's Services, Haringey Council
Tricia Fitzgerald	Director of Nursing, King's College

	Welcome and Introductions
	Martin Griffiths welcomed network members to the meeting and thanked them for their time given the challenging circumstances. **Newly appointed clinical leads** Martin introduced the four recent appointments to clinical lead positions for specific workstreams within the NHS London Violence Reduction programme: Adam Woodgate (Data and Intelligence Clinical Lead); Michael Carver (Clinical Lead for Hospital Based Violence Reduction Models); Niamh Ni Longain (Training and Education Clinical Lead); Arundeep Hansi (GP and Social Prescribing Clinical Lead). Michael Carver introduced himself, described his background working in ED, and his work evaluating the impact of hospital-based violence reduction services in that setting with a view to upscaling and implementing good practice at other sites across the trauma network. He described potential for work in north-east London and ED-based programmes to capture young people in the early stages of adversity. Adam Woodgate introduced himself, his role, and his experience reviewing ISTV and other datasets. He described the data and intelligence workstream as determining how to effectively use data across the system including primary and secondary care. His priority is to catch up on work completed to date, to review intelligence gathered by the GLA, and to contact colleagues at Cardiff and the Royal College of Medicine regarding the Emergency Care Data Set (ECDS). Adam mentioned that, COVID allowing, his aim for next few weeks is to draw up London-specific plan. Niamh Ni Longain introduced herself, her role, and her background in training and education. She described the benefits of in-hospital violence reduction colleagues training other staff around safeguarding. She has found local doctors are receiving training that is not up to date, so she would like to ensure training is standardised and evidence-based. Niamh mentioned she'd like to investigate training available to establish what violence reduction training is included in safeguarding modules and mandatory training. Niamh also outlined intentions to establish basic programmes and advanced programmes within e-learning. Martin spoke for Arundeep Hansi, describing Arun's role and important work so far in social prescribing. Martin described the pilot in Enfield that was gaining momentum prior to COVID which Arun will be picking up again over the coming months. Martin re-iterated that these clinical leads are there to be contacted and supported by network members. **Action 01:** Michael called for network members to contact him if they know of people setting up ED-based services so they can link up and discuss. **Action 02:** Martin called for network members to support Niamh with any intelligence about existing training that is relevant to the training and education workstream.

1.	**COVID response across the system**

Update on COVID-19 Resilience Plan for Hospital-based Violence Reduction Models

Michael Carver gave an overview of the guidance the programme pulled together to support the transition of ED and MTC violence reduction services from in-house to remote working. The 'COVID-19 Resilience Plan for Hospital-based Violence Programmes' was a rapid project which outlined clear guidance for staff to leave the clinical environment and start working remotely to ensure staff safety and minimise spread of the virus.

Michael described the policy in more detail at the Royal London whereby patients can remain in hospital if discharge to a home environment is not safe; however, due to government guidance they have to discharge anyone deemed medically fit. Michael then cited examples of good practice whereby, out of seven patients at Barts deemed fit for discharge, trauma case workers helped six patients arrange safe accommodation within 24 hours by linking with local authorities. Sherry Peck then raised that Safer London are leading the emergency accommodation pathway for the Mayor's office and are also taking referrals.

Michael explained that once immediate safety was addressed there was a need to look at referral processes. He outlined that a key concept of tertiary intervention is face-to-face presence, and therefore highlighted the importance of having someone amongst the in-hospital team present to identify and be point of contact without St Giles there. Michael then cited the use of technology and apps as encouraging proof of adaptability in current circumstances, e.g. Tower Hamlets are now conducting children safeguarding meetings through Zoom. Staff are adapting to different communication tools and are providing authoritative and reassuring care to patients on-screen.

Michael outlined issues with accessing data and circumstances of injury and previous attendances when not physically there. IT networks across hospital Trusts are providing virtual working spaces, meaning staff can access servers and IT infrastructure; cited Cerner and Symphony making this possible. Michael emphasised that these virtual networks will be key post-COVID.

Martin thanked Michael for this update and invited Evan Jones and John Poyton to describe their experiences and any plans to uplift services.

Check-in with other services

Evan noted that St Giles are getting 60–80% of engagement from existing clients which is higher than expected; but yet to know the success rate with new referrals, assuming will be lower. Evan raised the issue of finding new clients with hospital staff and custody suite workers having no capacity, and suggested looking at CAMHS waiting lists (the current COVID context is currently allowing flexibility from funders so seems wise to use opportunity). Andy Cruickshank replied to Evan that he'd be happy to discuss working with CAMHS and what that might look like in East London. Michael and Martin noted the dip in attendance likely to be very short-term and Sherry noted that Safer London are seeing more referrals, so Evan flagged that St Giles can support online and by phone; both will pick up offline.

John explained that by 20 March, Redthread had started moving patients and then moved all staff from wards to working from home. Across eight different Trusts (including the Midlands) there has been huge variation in preparedness and existing home-working capabilities. Like St Giles, they are continuing to see good engagement with existing case load and referral pathways have worked smoothly, although more challenging with young people who have limited phone data or whose phones have been confiscated.

John mentioned that conversations with the National Council for Voluntary Organisations (NCVO) and Business in the Community have been key to explore whether mobile providers can support

	young people with data packages, handsets etc. Michael noted that, to address this, an agreement between the four major communications companies has given people free data and calls when accessing health service; he wonders if there is scope to add hotline numbers to that list. Niamh also noted that a local registrar collected laptops and tablets for Hackney Quest to distribute to children studying remotely; suggested Redthread liaise with them. Sherry raised issue of technology exposing young people to risk and importance of working with partners to mitigate. John noted that St Giles and Redthread are partnering to work on supporting young people at UCLH and Whittington, whilst UCLH patients are now at GOSH. Jo Begent noted that Lighthouse is operating remotely and commended flexible nature of working. As a service they have been picking up a broader range of patients, but also seeing fewer young people and very little violence. Emphasised need to hold onto gains and good practice for the future beyond COVID. Jo also noted that NCL have opened two acute mental health hubs for young people in Edgware and Islington, taking referrals mostly from ED, transferring to community services / GOSH inpatient / tier 4 if needed. Tara Weeramanthri noted that SLaM has established a temporary Crisis Assessment Unit on Maudsley site receiving adults with mental health difficulties who don't need physical work-up and also 13–18 year olds from Lambeth, Southwark and Lewisham. Not a walk-in service, so patients need to be referred, e.g. by GP or community. Martin flagged that he is talking to MOPAC about how we work with the new services that are getting up and running throughout this time and network members including Evan and John should let him know any information regarding this that he'll need for these discussions.
2.	**Mental Health workstream**
	Prof Peter Fonagy introduced the mental health workstream, explained his role and experience, and his long-standing professional interest in violence reduction. He outlined the relationship between mental health and violence and how violence can have a predictable trajectory, peaking at 2 years old then desisting gradually; problem lies in 10–15% of cases where tendency to desist does not take place, and this group is the one targeted by a range of interventions across the world. Peter explained that this workstream aims to reduce violence by providing psychological support. The vision is to develop a model of care that supports those most at-risk and that explores how that model can be extended into the community. Peter mentioned we want to achieve an increase in community-led psychological models for London's vulnerable young people, meaning improved and prioritised access to support and a focus on effective outreach as well as achieve bespoke and fit-for-purpose support that is innovative and financially supported by statutory services. Peter explained the initial task of gathering and organising available information and learning from successful community-based models (nationally and internationally). Peter cited colleague Prof Susan Michie (UCL) who has been advising on behavioural interventions for the government's COVID programme, and emphasised that there is a science of behaviour change that can inform this work. The workstream can involve piloting schemes in London to determine their effectiveness and providing regular updates to this network meeting. Peter also stressed that London is behind the curve of such U.S. cities as Philadelphia, Detroit, Boston and Chicago. Peter concluded by outlining the next step of convening an Expert Advisory Group (EAG) to assess the evidence and develop the model of care. To facilitate implementation, the workstream will also form a Stakeholder Reference Group (SRG) of health system colleagues to ensure the practicality and deliverability of the model. Evan flagged that St Giles were happy to provide input to the EAG from the perspective of frontline caseworkers who see many mental health issues. Sherry flagged likewise for Safer London, as deliver emotional wellbeing work in the community via a small team.

	Martin invited feedback on the workstream so far. Tara raised the question of the approach seeming quite top-down and the need to retain a collaborative ethos with input from frontline colleagues and service users; Peter recognised the point and reassured that such collaboration will take place. George Howard suggested that making use of the flexibility of the current COVID context to rapidly define an evidence-based model could be advantageous; it would develop and promote best practice and lock in progress for the future in a system increasingly focused on ICSs delivering the NHS LTP and attempting to address a huge variation across London's mental health service provision. The key will be influencing back through providers into ICSs and tested back from the top. Tara noted a recent local audit of 45 young people at risk of criminal exploitation in which 69% had been known to CAMHS, with some presenting young at primary age. She reflected importance of CAMHS staff in the training agenda and different ways of identifying children at risk. Niamh agreed, noted that Royal Colleges are currently overwhelmed, but she is starting to work more with CAMHS as sees mental health workload is upstreaming. Niamh noted the need to gather data from CAMHS and mentioned epidemiological model of violence spreading can be instructive. Florence Kroll noted the opportunity to consider how the NHS links up with local authorities and the VCS, particularly around the demand for a robust clinical framework. Martin recognised this and underlined again that the current COVID context is providing an opportunity to rethink and improve how we work.
	AOB
	Evan noted that St Giles have been responding to lots of funding opportunities including Home Office and MOPAC and is happy to discuss applications and securing additional capacity for services post-lockdown with other network members. Martin explained his recent appointment to national clinical director role for violence reduction and that he is inputting into the VRU's COVID network. **Action 04:** Martin reminded network members that the Violence Reduction Academy workspace is now available on FutureNHS and can be used for further discussion and information sharing. **Action 05:** If anyone has been invited to join the National Expert Group for VRUs or would like to be, they are welcome to speak to Martin offline.

Details of the next Violence Reduction Clinical and Professional Network

Tuesday 21 July 2020, 9.00am – 11.00am
(Venue to be confirmed)